

Oklahoma Department of Environmental Quality 707 N. Robinson , OKC, OK 73102-6010 (405) 702-8100 Application for Permit to Supply Water Public Water Supply

Applicant's Phone No.: ()_
This application is to be submitted to obtain a permit to provide a potable water supply. This form is not applicable after July 1, 2012.
To the Executive Director of The Department of Environmental Quality Department of Environmental Quality Water Quality Division P.O. Box 1677 Dklahoma City, OK 73101-1677
A. Supply Water
The applicantPWSID No,hereby makes application,hereby makes application,
for a permit to supply water for domestic use to
3. In making this application, the applicant certifies and states the following:
. The applicant has been supplied with copies of all rules and standards promulgated by the Oklahoma Department of Environmental Qualifor the operation of the facility in question.
The applicant agrees to provide inspection and be responsible for the operation of the facility in accordance with the aforementioned rul and standards, and in accordance with state law agrees that the Oklahoma Department of Environmental Quality shall have access to the facility at any time during and after construction for the purpose of inspection for compliance with the provisions of the Environment Code. 27A O.S. Supp. 1994, Section 2-1-101 and following.
. The applicant intends to own and operate the facility after construction is completed. Yes (); No (). If "No", provide information of
responsibility for operation. The applicant is holder of or will obtain a deed or easement to the land upon which construction is planned. Yes (); No (). If "No explain.
C. Required Attachments
- Sight Drawing
- Wellhead Protection and Upper Terminal Construction Checklist
- Inspection
- Sampling History
- Well Driller's Log
APPLICANT SIGNATURE Ote: Application must be signed by the chief elective or executive officer of the applicant, or by the applicant himself if a so proprietorship. Information must be legible.
Signature Name of Organization (Print or Type)
Name of Authorized Signature (Print or Type) Street Address (Print or Type)
Title City/State/Zip Code ubscribed and sworn before me, day of, 20
Ly commission expires: Notary Public/Corporate Secretary/City Clerk
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